

MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/501931	FILING DATE			
CLAIMS											
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/	/			51				
2		/		/			52				
3		/		/			53				
4	/		/	/			54				
5		/		/			55				
6	/		/	/			56				
7		/		/			57				
8	/		/	/			58				
9		/		/			59				
10	/		/	/			60				
11		/		/			61				
12	/		/	/			62				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2	↓	/	↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	11	↔	(11)	↔		↔	TOTAL DEP.		↔		↔
TOTAL CLAIMS	13		13				TOTAL CLAIMS				